

Amendments to the Claims.

The following listing of claims replaces all prior versions and listings of claims in the application.

1. (Original) An implant for treating rectocele and/or prolapsus of the vaginal fornix, the implant presenting a structure that is thin and flexible, and comprising a support body from which there extend at least: two upper suspension stabilizers which are disposed on either side of a sagittal plane and have longitudinal axes forming between them an angle greater than 45° ; and two lower suspension stabilizers disposed on either side of the sagittal plane.
2. (Original) An implant according to claim 1, wherein the longitudinal axes of the upper stabilizers form an angle lying in the range 100° to 180° .
3. (Original) An implant according to claim 1, wherein the angle lies in the range 115° to 170° .
4. (Original) An implant according to claim 1, wherein the free ends of the upper stabilizers and of the lower stabilizers are directed downwards.
5. (Original) An implant according to claim 4, wherein the longitudinal axes of the upper stabilizers form an angle greater than 180° , and preferably greater than 200° .
6. (Original) An implant according to claim 4, wherein the upper stabilizers are arcuate.

7. (Original) An implant according to claim 4, including two middle suspension stabilizers disposed on either side of the sagittal plane between the upper and lower stabilizers.
8. (Original) An implant according to claim 7, wherein the ends of the upper stabilizer and of the middle stabilizer situated on the same side of the sagittal plane converge substantially towards a common point.
9. (Original) An implant according to claim 1, wherein the longitudinal axes of the lower stabilizers form a non-zero angle between each other.
10. (Original) An implant according to claim 9, wherein the angle is greater than 10° .
11. (Original) An implant according to claim 9, wherein the angle lies in the range 10° to 75° .
12. (Original) An implant according to claim 9, wherein the angle lies in the range 100° to 180° .
13. (Original) An implant according to claim 1, wherein the upper stabilizers present a length greater than 100 mm, and preferably greater than or equal to 120 mm.
14. (Original) An implant according to claim 1, wherein the lower stabilizers present a length greater than 100 mm, and preferably greater than or equal to 120 mm.

15. (Currently amended) An implant according to claim 1, wherein the support body is substantially rectangular in general shape.
16. (Original) An implant according to claim 15, wherein the support body presents a length lying in the range 60 mm to 90 mm, and a width lying in the range 40 mm to 60 mm.
17. (Original) An implant according to claim 15, wherein the lower stabilizers extend substantially from the lower corners of the support body.
18. (Original) An implant according to claim 15, wherein the upper stabilizers extend substantially from the upper corners of the support body.
19. (Original) An implant according to claim 15, wherein the lower stabilizers extend from two long sides of the support body.
20. (Original) An implant according to claim 19, wherein each of the lower stabilizers extend at a distance from the top edge of the support body lying in the range 60% to 87% of the length of the support body.
21. (Original) An implant according to claim 15, wherein the upper stabilizers extend from two long sides of the support body.

22. (Original) An implant according to claim 1, wherein the implant body presents, in its upper region, at least two orifices for passing posterior stabilizers of an anterior prosthesis once the stabilizers have passed through the uterosacral ligaments.
- 23-35. (Previously canceled).
36. (Original) A method of treating rectocele in a woman, the method consisting in particular in: using an implant according to claim 1; placing the implant in the body of the patient to be treated by placing: the upper suspension stabilizers through the gluteal region; the lower suspension stabilizers through the pubo-rectal region; and the support body in the uterosacral region.
37. (Previously amended) A method of treating rectocele in a woman, the method consisting in particular in: using an implant according to claim 1; placing the implant in the body of the patient to be treated by placing: the upper suspension stabilizers through the sacrosciatic region; the lower suspension stabilizers through the pubo-rectal region; and the support body in the uterosacral region.
38. (Original) A method of treating rectocele in a woman, the method consisting in particular in: using an implant according to claim 7; placing the implant in the body of the patient to be treated by placing: the upper suspension stabilizers through the sacrosciatic region; the middle suspension stabilizers through the pubo-rectal region; the lower suspension stabilizers through the perineal region; and the support body in the rectovaginal septum.
39. (Original) A method of treatment according to claim 38, wherein the upper portion of the implant is supported by the posterior stabilizers of an anterior prosthesis.

40. (New) An implant according to claim 1, wherein (a) said upper suspension stabilizers are configured to be placed in a region selected from the group consisting of (i) a gluteal region and (ii) a sacrosciatic region, and (b) said lower suspension stabilizers are configured to be placed in a trans-pubo-rectal region.

41. (New) An implant according to claim 1, constructed at least in part from a suitable biocompatible material selected from the group consisting of (i) woven polypropylene fibers, (ii) woven polyester fibers, (iii) knitted polypropylene fibers, and (iv) knitted polyester fibers.

42. (New) An implant according to claim 1, further characterized as being substantially flat and hammock-like.